

**STATE OF NEW HAMPSHIRE
PART TIME UNREPRESENTED (ALL) AND SEA EMPLOYEES
POS & HMO PLANS
WITH \$20/\$40/\$60 EE CONTRIBUTIONS
EFFECTIVE 08/21/2015**

The employee's share of Point of Service and HMO plans are the 26 PP respective working rate, less the employee share from the CBA (\$20/\$40/\$60), times the % of participation, then the employee share from the CBA (\$20/\$40/\$60) added back.

HMO					30 HOURS TO 31.5 HOURS
HMO EE CONTRIBUTION		HMO ER CONTRIBUTION		W RATE	
26PP	ANNUAL	26PP	ANNUAL	TOTAL	
HL-1	\$77.75	\$2,021.50	\$230.99	\$6,005.74	\$8,027.24
HL-2	\$155.49	\$4,042.74	\$461.96	\$12,010.96	\$16,053.70
HL-3	\$245.58	\$6,385.08	\$742.33	\$19,300.58	\$25,685.66

POS					
POS EE CONTRIBUTION		POS ER CONTRIBUTION		W RATE	
26PP	ANNUAL	26PP	ANNUAL	TOTAL	
HL-1	\$92.34	\$2,400.84	\$289.38	\$7,523.88	\$9,924.72
HL-2	\$184.69	\$4,801.94	\$578.75	\$15,047.50	\$19,849.44
HL-3	\$292.30	\$7,599.80	\$929.21	\$24,159.46	\$31,759.26

HMO					32 HOURS TO 34.5 HOURS
HMO EE CONTRIBUTION		HMO ER CONTRIBUTION		W RATE	
26PP	ANNUAL	26PP	ANNUAL	TOTAL	
HL-1	\$63.31	\$1,646.06	\$245.43	\$6,381.18	\$8,027.24
HL-2	\$126.62	\$3,292.12	\$490.83	\$12,761.58	\$16,053.70
HL-3	\$199.19	\$5,178.94	\$788.72	\$20,506.72	\$25,685.66

POS					
POS EE CONTRIBUTION		POS ER CONTRIBUTION		W RATE	
26PP	ANNUAL	26PP	ANNUAL	TOTAL	
HL-1	\$74.26	\$1,930.76	\$307.46	\$7,993.96	\$9,924.72
HL-2	\$148.52	\$3,861.52	\$614.92	\$15,987.92	\$19,849.44
HL-3	\$234.23	\$6,089.98	\$987.28	\$25,669.28	\$31,759.26

HMO					35 HOURS TO 37 HOURS
HMO EE CONTRIBUTION		HMO ER CONTRIBUTION		W RATE	
26PP	ANNUAL	26PP	ANNUAL	TOTAL	
HL-1	\$40.21	\$1,045.46	\$268.53	\$6,981.78	\$8,027.24
HL-2	\$80.42	\$2,090.92	\$537.03	\$13,962.78	\$16,053.70
HL-3	\$124.95	\$3,248.70	\$862.96	\$22,436.96	\$25,685.66

POS					
POS EE CONTRIBUTION		POS ER CONTRIBUTION		W RATE	
26PP	ANNUAL	26PP	ANNUAL	TOTAL	
HL-1	\$45.32	\$1,178.32	\$336.40	\$8,746.40	\$9,924.72
HL-2	\$90.64	\$2,356.64	\$672.80	\$17,492.80	\$19,849.44
HL-3	\$141.31	\$3,674.06	\$1,080.20	\$28,085.20	\$31,759.26

MONTHLY WORKING RATES		
	POS	HMO
HL-1: 1 PERSON	\$ 827.07	\$ 668.94
HL-2: 2 PERSON	\$ 1,654.11	\$ 1,337.80
HL-3: FAMILY	\$ 2,646.61	\$ 2,140.48

POS 26 PP		%	
1 PERSON	381.72	20%	72.34
2 PERSON	763.44	20%	144.69
FAMILY	1,221.51	20%	232.30

HMO 26 PP		%	
1 PERSON	308.74	20%	57.75
2 PERSON	617.45	20%	115.49
FAMILY	987.91	20%	185.58

POINT OF SERVICE (POS)									
COMPANY-STATE SHARE (3006)					EMPLOYEE SHARE (3004)				
WEEKLY HRS RANGE	%	TYPE	PLAN	AMT PER 26 PP	%	TYPE	PLAN	AMT PER 26 PP	
30.0	80%	HL	1	289.38	20%	HL	1	92.34	
		HL	2	578.75		HL	2	184.69	
(30 to 31.5)		HL	3	929.21		HL	3	292.30	
32.0	85%	HL	1	307.46	15%	HL	1	74.26	
		HL	2	614.92		HL	2	148.52	
(32 to 34.5)		HL	3	987.28		HL	3	234.23	
35.0	93%	HL	1	336.40	7%	HL	1	45.32	
		HL	2	672.80		HL	2	90.64	
(35 to 37)		HL	3	1080.20		HL	3	141.31	
FULL TIME	100%	HL	1	361.72	0%	HL	1	20.00	
		HL	2	723.44		HL	2	40.00	
(37.5 to >)		HL	3	1161.51		HL	3	60.00	

HEALTH MAINTENANCE ORGANIZATION (HMO)									
COMPANY-STATE SHARE (3003)					EMPLOYEE SHARE (3001)				
WEEKLY HRS RANGE	%	TYPE	PLAN	AMT PER 26 PP	%	TYPE	PLAN	AMT PER 26 PP	
30.0	80%	HL	1	230.99	20%	HL	1	77.75	
		HL	2	461.96		HL	2	155.49	
(30 to 31.5)		HL	3	742.33		HL	3	245.58	
32.0	85%	HL	1	245.43	15%	HL	1	63.31	
		HL	2	490.83		HL	2	126.62	
(32 to 34.5)		HL	3	788.72		HL	3	199.19	
35.0	93%	HL	1	268.53	7%	HL	1	40.21	
		HL	2	537.03		HL	2	80.42	
(35 to 37)		HL	3	862.96		HL	3	124.95	
FULL TIME	100%	HL	1	288.74	0%	HL	1	20.00	
		HL	2	577.45		HL	2	40.00	
(37.5 to >)		HL	3	927.91		HL	3	60.00	